

# Business License Application Instructions

We wish to take this opportunity to welcome you and your business to the City.

The City of Lynnwood requires that every person doing business within the City limits obtain a City Business License (LMC Chapter 5.04). In addition, certain businesses may also need to obtain special licenses if the business activities include any of the following:

- Adult entertainment
- Alcohol or Liquor
- Amusement centers/devices
- Auctions or auctioneers
- Bathhouses
- Carnivals, circuses, or parades
- Christmas tree lots
- Escort bureaus or escorts
- Fireworks stands
- Gambling
- Panorams, previews, or picture arcades
- Peddlers and salesmen
- Peep shows
- Public or teen dances
- Secondhand or pawn shops
- Taxis or for-hire vehicles
- Temporary special events
- Vending machines

For questions regarding **zoning, signage, tenant improvements, fire alarm/sprinkler requirements** or **permit information**, contact the Permit Center at (425) 670-5400. For questions regarding **cross connection control** or **F.O.G. requirements**, please contact Public Works at (425) 670-5221.

## ABOUT BUSINESS LICENSES

Business licenses are non-transferable and are issued for a specific location. If your business changes location or ownership, a new business license application must be submitted. For businesses with multiple locations in the City of Lynnwood, a separate business license is required for each location.

**Business licenses expire December 31 (with the exception of taxicab businesses) of the calendar year issued.** Failure to renew your license by February 15 of the following year will result in an additional penalty fee. A renewal notice will be sent to your mailing address at the end of December each year. It is the business owner's responsibility to keep the address on record current.

## APPLYING FOR YOUR BUSINESS LICENSE

An incomplete application may delay the processing of your license. Be sure to review your application for accuracy and completeness prior to submittal. The City's acceptance of your application and fee does not constitute approval or authorization to conduct business. Application submittal grants appropriate City officials the right to inspect your property for minimum life/safety requirements. Certain businesses may require additional fees, see next page.

<u>Business Type</u>	<u>Required Application Sections</u>
<b>Lynnwood (Resident) Business</b> ( <i>located within the city</i> )	A, B, C, D, E, F & G
<b>Home Occupation</b> ( <i>business from residence</i> )	A, B, C, D, E, F & G
<b>Non-Profit Business Registration</b> ( <i>with documentation</i> )	A, B, C, D, E, F & G
<b>Outside (Non-Resident) Business</b> ( <i>business is located outside city</i> )	A, B, C & G

### License Fees

First time business license (resident or home occupation)	\$122.50
Home Occupation	\$30.00
Lynnwood Business plus	\$103.00
Each employee working 14 or less hours per week	\$48.50
Each employee working 15 or more hours per week	\$93.00
Outside (Non-Resident)	\$166.00
Outside (Non-Resident) 60 day License	\$40.00

# Business License Application



License #: \_\_\_\_\_

For City Use Only

Date Stamp

Receipt #: \_\_\_\_\_

Please read and follow all instructions on your application and any supplemental forms carefully. The City's acceptance of your application and fee does not constitute approval or authorization to conduct business. An incomplete application may delay the processing of your license. Be sure to review your application for accuracy and completeness prior to submittal. Please print or type clearly.

<b>Check One:</b> <input type="checkbox"/> New Application <input type="checkbox"/> Application Update <input type="checkbox"/> Address or Owner Change		
<b>Check One:</b> <input type="checkbox"/> Resident (Lynnwood) Business <input type="checkbox"/> Non-Resident (Outside) Business <input type="checkbox"/> Home Occupation		
<b>Attached Supplemental Forms:</b>		
<input type="checkbox"/> Automotive/Boat/Vehicle	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Office
<input type="checkbox"/> Food/Entertainment	<input type="checkbox"/> Industrial	<input type="checkbox"/> Retail/Personal Services
	<input type="checkbox"/> Institutional	<input type="checkbox"/> Site Information
<b>SECTION A: BUSINESS INFORMATION</b>		
<b>Business Name:</b>		<b>Phone:</b>
<b>Physical Address:</b>		<b>Fax:</b>
<b>Mailing Address, if different:</b>		
<b>Email Address:</b>		
<b>WA UBI No.:</b>	<b>WA Prof. License No.:</b>	<b>Expire Date:</b>
<b>SECTION B: BUSINESS DESCRIPTION</b>		
<b>Description</b> (provide a <b>detailed</b> description of business activities, products, and services):		
<b>Number of Employees working 14 hours or less per week:</b>		
<b>Number of Employees working 15 or more hours per week:</b>		
<b>Day/Hours of Operation</b>		<b>Open/Begin Date in Lynnwood</b>
<b>Will liquor be served?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, State Liquor License No:
<b>Will there be gambling?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, State License No:
<b>Will there be vending or amusement devices?</b> <input type="checkbox"/> Yes – How many?    Vending:                      Amusement: <input type="checkbox"/> No		
<b>Will there be dancing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Area of dance floor: _____ SF		
<b>Is this a non-profit organization established for educational, religious or charitable purposes?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

# Business License Application



## SECTION C: BUSINESS OWNERSHIP – ATTACH ADDITIONAL PAGES IF NECESSARY

Check One: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability ☐ Non-Profit ☐ Other

Company Name (as registered with WA State):

Owner, Partner, or Corporate Officer Name:

Title:

Home Address:

Phone:

State Driver's License No.:

Date of Birth:

Owner, Partner, or Corporate Officer Name:

Title:

Home Address:

Phone:

State Driver's License No.:

Date of Birth:

## SECTION D: BUSINESS LOCATION – SOME IMPROVEMENTS REQUIRE SEPARATE PERMITS

Name of Contact for Life/Safety Inspection:

Phone:

Name of Property Owner/Leasing Agent:

Phone:

Name of Center or Complex, if applicable:

☐ Single-Tenant ☐ Multi-Tenant

Number of Hotel/Motel Rooms:

Number of Apartments:

Will there be any construction or new signs? ☐ Yes ☐ No If yes, contact the Permit Center 425.670.5400

## SECTION E: SECURITY/SAFETY

Does the location have a security/fire alarm system? ☐ Yes ☐ No If yes, monitored by:

Name of Emergency Contact:

Name of Emergency Contact:

## SECTION F: EMPLOYEE FEES

Fee is based on total number of hours worked weekly by each employee.

Per LMC 5.06.010 (E) "Employee means and includes any individual person employed at any business enterprise who performs any part of his duties within the city, except casual laborers not employed in the usual course of business. A sole proprietor is not an "employee." All officers, agents, dealers, franchisees, etc., of a corporation or business trust, and all but one partner of a partnership (except limited partners) are "employees" within this definition.

### CALCULATING EMPLOYEE FEES:

Total number of employees working 14 hours or less per week \_\_\_\_\_ x \$48.50 = \$ \_\_\_\_\_  
Total number of employees working 15 hours or more per week \_\_\_\_\_ x \$93.00 = \$ \_\_\_\_\_  
Total employee fees: \$ \_\_\_\_\_

# Business License Application



## SECTION G: SIGNATURE

I/We hereby attest that I/we have not been convicted of a crime which related directly to the business for which this License is sought, suffered a civil judgment based upon fraud, misrepresentation, violation of the Washington Consumer Protection Act of similar State or Federal statutes, or any other judgment, cease and desist order or consent decree relating to business activities.

I/We the undersigned, declare under the penalties of perjury and the denial of a license or revocation of any license granted, that I/we am/are the applicant or authorized representative(s) of the business making this application and that the answers contained, including any accompanying information, have been examined by me/us and that the information set forth is true, correct, and complete. I/we also understand that the applicant is responsible for notifying the Finance Director, in writing, of any change in location or mailing address within thirty days. All licenses are nontransferable. I/we understand the place of business must comply with all Federal, State and local codes and ordinances.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Application Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR CITY USE ONLY

CODE	UNIT	AMOUNT		CODE	UNIT	AMOUNT
		\$				\$
		\$				\$
		\$				\$
Total:						\$
Amount Received						\$